MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1											
2				1			51							
3							52							
4				1			53							
5							54							
6				1			55							
7							56							
8	1		1				57							
9		1		1			58							
10							59							
11				1			60							
12	1		1	1			61							
13		1					62							
14				4			63							
15							64							
16				4			65							
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44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.	↓		↓		↓		100							
TOTAL DEP.		3 13					TOTAL IND.			↓		↓		↓
TOTAL CLAIMS		16					TOTAL DEP.							
							TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

IM PTO-1360 (REV. 3-78)

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